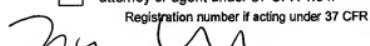


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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 030048122US		
Application Number	10/814,494-Conf. #6456	Filed March 31, 2004		
<b>For METHODS AND SYSTEMS FOR DISPLAYING ASSISTANCE MESSAGES TO AIRCRAFT OPERATORS</b>				
Art Unit	3664	Examiner B. V. Armin		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fee \$65	\$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$490	Small Entity Fee \$245	\$ 490.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1110	Small Entity Fee \$555	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1730	Small Entity Fee \$865	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2350	Small Entity Fee \$1175	\$ _____
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by EFT Account No. SEA1PIRM.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency in fees or credit any overpayment, to Deposit Account Number <u>50-0665</u>.</p>				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor.				
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42,216</u>				
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
 <u>John M. Wechkin</u> Typed or printed name				
<u>July 2, 2009</u> Date				
<u>(206) 359-8000</u> Telephone Number				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.